| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   | FOR COURT USE ONLY                      |  |  |  |
|---|---|--|--|--|
|   |   |  |  |  |
|   |   |  |  |  |
| TELEPHONE NO.: FAX NO. (Optional):  |   |  |  |  |
| E-MAIL ADDRESS (Optional):  |   |  |  |  |
| ATTORNEY FOR (Name):  |   |  |  |  |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF   |   |  |  |  |
| STREET ADDRESS: MAILING ADDRESS:  |   |  |  |  |
| CITY AND ZIP CODE:  |   |  |  |  |
| BRANCH NAME:  |   |  |  |  |
| PLAINTIFF/PETITIONER:   |   |  |  |  |
|   |   |  |  |  |
| DEFENDANT/RESPONDENT:   |   |  |  |  |
|   | CASE NUMBER:                            |  |  |  |
| NOTICE OF SETTI EMENT OF ENTIRE CASE  |   |  |  |  |
| NOTICE OF SETTLEMENT OF ENTIRE CASE   | JUDGE:                                  |  |  |  |
|   | DEPT.:                                  |  |  |  |
|   |   |  |  |  |
| NOTICE TO PLAINTIFF OR OTHER PARTY SEEKING  | G RELIEF                                |  |  |  |
| You must file a request for dismissal of the entire case within 45 days after the date of the   |   |  |  |  |
| unconditional. You must file a dismissal of the entire case within 45 days after the date s   |   |  |  |  |
| is <b>conditional</b> . Unless you file a dismissal within the required time or have shown good c expired why the case should not be dismissed, the court will dismiss the entire case. | ause before the time for dismissal has  |  |  |  |
| expired why the ease chedia her be distilled at the ease.   |   |  |  |  |
| To the court, all parties, and any arbitrator or other court-connected ADR neur   | tral involved in this case:             |  |  |  |
| 1. This entire case has been settled. The settlement is:  |   |  |  |  |
| a. Unconditional. A request for dismissal will be filed within 45 days after the date of the settlement.  Date of settlement:   |   |  |  |  |
| b. Conditional. The settlement agreement conditions dismissal of this matter on   | the satisfactory completion of          |  |  |  |
| specified terms that are not to be performed within 45 days of the date of the s  | ettlement. A request for dismissal will |  |  |  |
| be filed no later than (date):  |   |  |  |  |
| 2. Date initial pleading filed:   |   |  |  |  |
| 3. Next scheduled hearing or conference:  |   |  |  |  |
| a. Purpose:   |   |  |  |  |
| b. (1) Date:  |   |  |  |  |
| (2) Time:   |   |  |  |  |
| (3) Department:   |   |  |  |  |
|   |   |  |  |  |
| 4. Trial date:  |   |  |  |  |
| a No trial date set.  |   |  |  |  |
| b. (1) Date:  |   |  |  |  |
| (2) Time:   |   |  |  |  |
| (3) Department:   |   |  |  |  |
| I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  |   |  |  |  |
| Date:   |   |  |  |  |
|   |   |  |  |  |
| (TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)   | (SIGNATURE)                             |  |  |  |
| (SIGNATURE)   |   |  |  |  |

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| PLAINTIFF/PETITIONER: | CASE NUMBER: |
|-----------------------|--------------|
| DEFENDANT/RESPONDENT: |              |

|    |  | RVICE BY FIRST-CLASS MAIL SETTLEMENT OF ENTIRE CASE  |
|----|--|--|
|    | OTE: You cannot serve the Notice of Settlement e notice must complete this proof of service.)  | t of Entire Case if you are a party in the action. The person who served   |
| 1. | I am at least 18 years old and <b>not a party to this</b> place, and my residence or business address is (s  | action. I am a resident of or employed in the county where the mailing took specify):  |
| 2. | fully prepaid and (check one):  a deposited the sealed envelope with the lam readily familiar. On the sealed envelope for collection with which I am readily familiar. | United States Postal Service.  In and processing for mailing, following this business's usual practices, same day correspondence is placed for collection and mailing, it is ness with the United States Postal Service. |
| 3. | The Notice of Settlement of Entire Case was maile  | ed:  |
|    | a. on (date):  |  |
|    | b. from (city and state):  |  |
| 4. | The envelope was addressed and mailed as follow  | vs:  |
|    | a. Name of person served:  | c. Name of person served:  |
|    | Street address:  | Street address:  |
|    | City:  | City:  |
|    | State and zip code:  | State and zip code:  |
|    | b. Name of person served:  | d. Name of person served:  |
|    | Street address:  | Street address:  |
|    | City:  | City:  |
|    | State and zip code:  | State and zip code:  |
|    | Names and addresses of additional persons  | s served are attached. (You may use form POS-030(P).)  |
| 5. | Number of pages attached   |  |
| Ιd | eclare under penalty of perjury under the laws of the  | e State of California that the foregoing is true and correct.  |
| Da | ate:   |  |
|    |  |  |
|    |  | •  |
|    | (TYPE OR PRINT NAME OF DECLARANT)  | (SIGNATURE OF DECLARANT)   |